

## HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)				
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
MORRIS	GEORGE "RED"	A.	808/531-4551	
MAILING ADDRESS (Street)			FAX	
222 SOUTH VINEYARD STREET, SUITE 401			808/533-4601	
(City)	(State)	(Zip (	(Zip Code)	
HONOLULU	HAWAII	96813-2	813-2453	
EMPLOYING ORGANIZATION	TELEPHONE			
CAPITOL CONSULTANTS O	808/531-4551			
MAILING ADDRESS (Street)	FAX			
222 SOUTH VINEYARD STR	808/533-4601			
(City)	(State)	(Zip (	(Zip Code)	
HONOLULU	HAWAII	96813	3-2453	

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU L	TELEPHONE 916-448-2581			
AMERICAN CHEMISTRY COUNCIL				
MAILING ADDDEGG (Ottot)	FAV 046 442 2440			
MAILING ADDRESS (Street)	FAX 916-442-2449			
1121 L STREET, SUITE 910				
11212311221, 33112313				
_		(T)		
(City)	(State)	(Zip Code)		
SACRAMENTO	CA	95814		
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT				
NAME OF PERSON RESPONSIBLE IN	1222110112 000-331-4331			
MELODY BUTAY DACANAY				
MAILING ADDRESS (Street)	FAX 808-533-4601			
and acutivy (NEVARD ATREET	CLUTE 404			
222 SOUTH VINEYARD STREET, SUITE 401				

•	(City)	(State)	(Zip Code)		
HONC	LULU	HI	96813-2453		
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
[]	Agriculture  Communications & Public Utilities  Consumer Protection & Commerce  Culture, Arts, Historic Preservation  Ecology, Energy Environmental Protection	[ ] Education [ ] Government Operations & Finance [ ] Hawaiian Affairs [ ] Health [ X ] Housing	[ ] Human Services		
PART IV CERTIFICATION OF LOBBYIST  I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.  (Signature of Lobbyist)  (Date)					
PAR NAME		TION TO LOBBY	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
	HESTEK				
NAME	OF ORGANIZATION (i	,	TELEPHONE 916-448-2581		
	NG ADDRESS (Street)  STREET, SUITE 910		FAX 916-442-2449		
	(City)	(State)	(Zip Code)		
S	ACRAMENTO	CA	95814		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
	A	5	3/22/05		
	(Signature of Authorizing Officer or Person Represented) (Date)				